Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED		
		HAL012041	B. WING		06/1	R 9/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
MCALPINE ADULT CARE 3806 KATHY ROAD MORGANTON, NC 28655							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
{C 000}	Initial Comments		{C 000}				
		I Follow Up Construction , conducted on June 19, 2024.					
		ted deficiencies have been e, a new plan of correction is					
{C 166}	Housekeeping-Mair	ntained Free of Hazards	{C 166}				
	FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, free hazards;	06 HOUSEKEEPING AND					
	maintained free from were improperly sto any means of restra	vation the facility was not m hazards. Oxygen bottles bred. Oxygen bottles without aint to prevent them from cked over may present a					
	oxygen bottles on the	nere were three unsecured ne floor behind the door & one bottle standing on the floor					
{C 188}	Electrical Outlets in	Wet Locations	{C 188}				
	SECTION .0300 - F 10A NCAC 13F .03	PHYSICAL PLANT 10 ELECTRICAL OUTLETS					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAIN	OI SOMMESTION	IDENTIFICATION NUMBER.	A. BUILDING:	01	COMPLETED	
			D WING		F	
		HAL012041	B. WING		06/1	9/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MCAI PII	NE ADULT CARE		HY ROAD			
IIIOALI II	TE ABOLI GARL	MORGAN	ITON, NC 28	655		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{C 188}	Continued From page 1		{C 188}			
	All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters.					
		ation the facility is not ctrical components located e in a safe manner.				
		eptacles behind the washing on test indicating the lack of ion.				
{C 189}	Building Equipment	Maintained Safe, Operating	{C 189}			
	mechanical, and plu care home shall be operating condition. (k) This Rule shall facilities with the ex	11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
	was not maintained	ations, the building fire safety in a safe operating condition. all to fire/smoke if not om of origin.				
		ere missing acoustical ceiling esistance-rated ceiling				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED		
					R		
		HAL012041	B. WING		06/19	9/2024	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
MCALPINE ADULT CARE 3806 KATHY ROAD MORGANTON, NC 28655							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	FIX (EACH CORRECTIVE ACTION SHOULD E		(X5) COMPLETE DATE	

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